

## **Reimbursement Form**

# Town of Moultonborough

# **Subscriber Information (please print clearly or type)**

Subscriber Name		
Mailing Address		
City, State Zip		
Telephone	Subscriber's HP ID#	

## **Adult Wellness Reimbursement, please complete this section:**

Requesting participants must be a NHIT-enrolled subscriber or spouse to be eligible for a Wellness Reimbursement. Each program is based on the plan year (January – December). Submissions must be received no later than February 15th of the following plan year.

Reimbursement	Amount	Description
Adult Wellness	\$60	Each enrolled employee and spouse is eligible to receive up to \$60 per plan year for completing an eligible Health & Wellness Class (see page 2 for a list of potential classes).

NHIT Member's Name	Specific Program/Class	Cost
1)		\$
2)		\$

**Total Amount Requested** 

\$	
т.	

## **NHIT Member #1 -** Acknowledgement/Instructor Information:

Provider/Facility Name:		
<ul><li>☐ I am certified to teach this program</li><li>☐ I attest that the noted individual completed and attended/participated in at least 75% of the program</li></ul>		
Instructor Cignatures	Date:	
Instructor Signature:	Date.	

## **NHIT Member #2 -** Acknowledgement/Instructor Information:

Provider/Facility Name:		
☐ I am certified to teach this program ☐ I attest that the noted individual completed and attended/participated in at least 75% of the program		
Instructor Signature:	Date:	
instructor Signature.	Dutc.	

# **Eligible Health and Wellness Classes**

Please note that only lesson/instructor time is eligible for reimbursement.

Earn up to \$60 in Wellness Reimbursements by completing a wellness related class, such as:

#### **Weight / Nutrition / Health Education**

- Jenny Craig® / Weight Watchers®
- Inches-a-Weigh®
- Nutrition Classes
- Healthy Eating / Cooking Classes
- Fitness Education

## **Injury / Prevention**

- CPR and/or AED Classes
- Red Cross Babysitting Certification
- First Aid Training
- Defensive Driving
- Assault Prevention / Self Defense
- Water Safety / Drowning Prevention

#### **Child Birth / Child Care**

- Prenatal Swimming
- Birthing Classes (*including Hypnobirthing*)
- Lactation Classes
- Baby / Child Nutrition Classes
- Parenting / Child Safety Classes
- Infant Massage Classes
- Pilates / Core Strengthening

#### **Self-Care / Prevention**

- Menopause and Aging
- Arthritis (pain) Management
- Osteoporosis Class
- Anger Management
- Autism Education
- Heart Health (for Heart Disease Management / Prevention)
- Diabetes Education
- Smoking Cessation Classes

#### **Lessons / Classes**

- Karate
- Meditation
- Dance
- Stress Management
- Yoga / Tai Chi
- Zumba
- Skiing
- Figure Skating
- Swimming
- Spinning

#### **Health and Wellness Exclusions:**

- Gym membership fees and dues eligible for the separate Harvard Pilgrim Fitness Reimbursement Program;
- Fitness equipment or other items/products required for wellness classes, including but not limited to equipment, books, food and supplements; and
- Fitness videos or DVD programs.

# **Harvard Pilgrim Fitness Reimbursement Program**

The Fitness Reimbursement program is administered by Harvard Pilgrim Healthcare directly. NHIT members are eligible for reimbursement up to \$150 per individual <u>or</u> family policy. The reimbursement program runs on a calendar year (January-December).

Please visit **www.harvardpilgrim.org**, click on "Members" and then the link "Up to \$150 fitness reimbursement" to review the program requirements and submit for reimbursement.

To receive Wellness Reimbursement, please complete this form and submit with any other required materials to:

Brittany@nhitrust.org

or

New Hampshire Interlocal Trust ATTN: Wellness Reimbursements PO Box 4090 Concord, NH 03302-4090